

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Barbara Kaufman			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Office of Governor, San Francisco			
POSITION Director		CB/D NUMBER		DIVISION OR BUREAU			INDEX NUMBER		
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 455 Golden Gate Ave., Suite 14000				TELEPHONE NUMBER	
CITY San Francisco		STATE CA		CITY San Francisco		STATE CA		ZIP 94102	

DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS				INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION			BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER	CARFARE, TOLLS, PARKING				PRIVATE CAR USE MILES	AMOUNT			
05-Dec		Oakland									24.00	24	10.68		34.68
													0.00		0.00
06-Dec		San Francisco									10.00		0.00		10.00
													0.00		0.00
09-Dec		San Francisco									9.00		0.00		9.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.00	24	10.68	0.00	
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														\$53.68	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

100 Black Men dinner--Fox Theater, Oakland. BK made remarks and a message from GAS
Mayor of Berlin,/and former German Consul, now Berlin Chief of Protocol
brunch BK attended
SF Hotel Council annual Holiday lunch BK attended and was introduced

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

5ZGU718

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240847

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

1/8/10

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIGNATURE OF TITLE OF AUTHORITY

DATE

1/13/10

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CITY	STATE	ZIP	CITY	STATE	ZIP
			San Francisco	CA	94102

DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER				CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
02-Nov		San Francisco								10.50	0.00		10.50
											0.00		0.00
03-Nov		San Francisco								7.00	0.00		7.00
											0.00		0.00
04-Nov		San Francisco								3.50	0.00		3.50
											0.00		0.00
06-Nov		San Francisco								16.00	0.00		16.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$37.00	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

SF Planning and Research (SPUR) annual lunch (1,200 attendees) BK attended

Willie Brown Institute breakfast, GAS surprise guest. BK attended/staffed

Urban Land Institute EXPO at Moscone Center. BK attended

Global Trade Council (Jim Lehrer guest speaker) BK attended

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

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MILEAGE RATE CLAIMED

0.445

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